

#### **Colorado Division of Real Estate**

1560 Broadway, Suite 925, Denver, CO 80202 (303) 894-2166, dora\_realestate\_website@state.co.us

# Application for New Corporation, Partnership or Limited Liability Company Community Association Manager License

#### **Section 1: Instructions**

(Home Phone)

- **A.** This form is to be used only for a corporation, partnership or limited liability company that does not currently have a license. If applying as the new designated manager for an existing company, please use the "Change in Corporation, Partnership or LLC" license application.
- **B.** Please complete all portions of this form. If transferring several licensees over to the new entity, please list those licensees on the last page of this form.
- **C.** Every business entity license must have in effect a policy of errors and omissions (E&O) insurance and a crime fidelity policy.
- **D.** All applications must be accompanied by Certificates of Good Standing. If requesting a trade name, a Statement of Trade Name certificate must also be included. You may obtain these certificates from the Colorado Secretary of State's website.

<b>Section 2: Entity Information</b>				
Type of Entity (choose one):				
Corporation	Limited Liability	y Company	Partner	ship (all types)
Company Name (True Name):				
Trade Name (if any):				
Business Address:				
City, State, Zip:		Phone:		
P.O. Box for Mailing Purposes:				
City, State, Zip:		Email:		
Note: A P.O. Box is not acceptable in lie	u of a physical address.	. You must list a physica	l address.	
Section 3: Designated Manager	Information			
(First Name)	(MI) (Last Na	me)		(License Number)
(Residence Address)	(City)	(St	tate) (	(Zip)

(Email)

(Cell Phone)

(Last 4 Digits of SSN)

# Section 4: Errors and Omissions Insurance & Crime Fidelity Policy Information Every active community association manager's entity license shall have in effect a policy of errors and omissions (E&O) insurance and a crime fidelity bond to cover all acts requiring a license. These policies must meet with the requirements listed in Rule D-9 and D-10. Please initial the appropriate selection below (or enter "N/A" if the selection does not apply): (E&O Insurance Company) (E&O Policy Number) (Effective Date) (Expiration Date) ☐ Crime Fidelity Coverage in Effect I hereby certify that the coverage listed in this section complies with the requirements listed in CAM Rule D-9 and D-10. (Print Name) (Signature) (Date) **Section 5: Ownership** Print or type the names of all natural persons having 20% or more ownership interest in this business entity: (Name) (% Ownership) **Section 6: Attestations** I hereby certify that: I am in compliance with the continuing education requirements listed in CAM Rules, Section B. The entity referenced in this application has been properly registered with the Colorado Secretary of State, and all appropriate certification has been included with this application. I am in compliance with the E&O and Crime Fidelity policy requirements listed in CAM Rules D-9 and D-10 I have been duly designated as the designated manager for the entity listed in this application. I am lawfully present in the United States of America, and I declare under penalty of perjury in the second degree pursuant to 18-8-503, and that the statements made in this application are true and complete to the best of my knowledge.

Submit this form, along with check or money order made out to "DORA" for the appropriate fee amount to the address listed at the top of page one of this application.

(Signature of Designated Manager)

(Date)

(Print Name of Designated Manager)

## **Section 7: Licensees Transferring to This Company (optional)**

### **Please Note:**

- Do not include designated manager on this list. The designated manager is included with initial application fee.
- You must include an additional fee for each licensee listed below.
- Each individual listed below is in compliance with the E&O and Crime Fidelity policy requirements listed in community association manager licensing rules D-9 and D-10.
- By signing below, each individual declares under penalty of perjury that s/he has complied with continuing education requirements pursuant to community association manager licensing B Rules.

(Print Licensee Name)	(License Number)	(Licensee Signature)	
(Print Licensee Name)	(License Number)	(Licensee Signature)	
(Print Licensee Name)	(License Number)	(Licensee Signature)	
(Print Licensee Name)	(License Number)	(Licensee Signature)	
(Print Licensee Name)	(License Number)	(Licensee Signature)	
(Print Licensee Name)	(License Number)	(Licensee Signature)	
(Print Licensee Name)	(License Number)	(Licensee Signature)	
(Print Licensee Name)	(License Number)	(Licensee Signature)	
(Print Licensee Name)	(License Number)	(Licensee Signature)	
(Print Licensee Name)	(License Number)	(Licensee Signature)	
I, the designated manager applicant listed above be transferred to employment und policy describing the duties and responsib the period of time of employment with m	ler my company license. I ha pilities of licensees and I will	eve informed the licensee properly supervise these	s of the written
(Print Name of Designated Manager)	(Signature of Designated Manager)		(Date)